

ADAMS, CYNTHIA

Female

Age 54

Date of Assessment: 17-May-95

Height:	5' 4" (163 cm)	Weight Taken:	17-May-95
Weight:	150 lbs (68.2 kg)	Weight/Usual Wt:	103%
Usual Weight:	145 lbs (65.9 kg)	Weight/IBW:	132%
Ideal Weight:	114 lbs (51.8 kg)	Body Mass Index:	25.8 (45%)
Frame Size:	Medium		

Test	Laboratory Data		Ref.	range	Date
	Result	units			

No laboratory data available last 90 days

Energy Requirements:	1000 Kcal/day	Kcal:N	114:1
Protein Requirements:	55 gm/day	NPC:N	89:1

Press RETURN to continue. ^ <RET>

Appearance: GOOD
Nutrition Class: MODERATE RISK
Nutrition Status: Moderately Compromised

Comments

Press RETURN to continue. ^ <RET>

Menu: CM Clinical Management... [FHMGRG]
Submenu: CD Clinical Dietetics... [FHDIET]
Option: NM Nutrition Patient Management... [FHASCM]
Suboption: EE Enter/Edit Encounter [FHASE3]

This option is used to enter site specific activities. The date and time when reviewed and by whom will now be stored when an encounter is edited. Two new fields will be displayed in the option, Patient Encounter Inquiry. Please refer to Manual Section "Encounters."

Prompt/User Entry:

Enter a NEW Encounter (Y/N)? **N <RET>**

Enter Date of Encounter you want to edit: **T <RET>** (MAR 22, 1995)

Select one of the following:

C	CLINICIAN
P	PATIENT

CHOOSE CLINICIAN or PATIENT: **CLINICIAN <RET>**

Select CLINICIAN: **ACKERT,NANCY <RET>**

1	MAR 22,1995	INSTRUCTION - DIABETIC
2	MAR 22,1995	INSTR-WEIGHT

Select number you want: **2 <RET>**

CLINICIAN: ACKERT,NANCY//
ENCOUNTER TYPE: INSTR-WEIGHT//
EVENT LOCATION: 1 EAST//
INITIAL/FOLLOWUP: FOLLOWUP//
TIME UNITS: 15//
GROUP/INDIVIDUAL: INDIVIDUAL//
EVENT COMMENT: **TESTING <RET>**
Select PATIENT: PORTER,JACK//
PATIENT: PORTER,JACK//
COLLATERALS: 1// **2 <RET>**
PATIENT COMMENT: **XXXXXXXXX <RET>**
GROUP SIZE: 3//

Is this correct? Y// **N <RET>**

Want to delete encounter? N// **Y <RET>**
<encounter deleted>

Enter Date of Encounter you want to edit:

17-May-95 11:21am

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Current Inpatients At Nutrition Status: IV Severely Compromised

Ward	Room	Patient	ID#	Date Entered
1 EAST	101-02	SANDS,GEORGIA	7244	1-Mar-95 10:56am
2 WEST	205-03	TEST,AGAIN	8901	18-Jun-93 2:39pm
	207-01	TEST,ASIH	3456	10-Dec-93 4:45pm
3 NORTH	312-03	TEST,ADMIT	9021	1-Mar-95 11:02am
3 SOUTH	3S-01	TEST,NEW	8079	1-Mar-95 11:03am
4 EAST	3S-02	KELLY,BARBARA	7185	1-Mar-95 11:03am
4 NORTH	4E-01	TINA,BELINDA	0100	1-Mar-95 11:02am

Enter RETURN to continue or '^' to exit: ^ <RET>

Menu: CM Clinical Management... [FHMGRG]
Submenu: CD Clinical Dietetics... [FHDIET]
Option: NM Nutrition Patient Management... [FHASCM]
Suboption: PE Patient Encounter Inquiry [FHASE5]

The Patient Encounter Inquiry option allows the user to view and print the recorded encounters for a selected patient for a specified time period. These entries can be reviewed but not edited. The date and time when an encounter was reviewed and by whom will now be displayed along with the encounter.

This option allows the clinician to view previous interventions which occurred while in outpatient or inpatient status.

```
Select Patient (Name or SSN): Porter, <RET> JACK          12-01-47
444823690          COLLATERAL

Display Encounters Since: July 9, <RET> 96  (JUL 09, 1996)

DEVICE: HOME// <RET>  HOME      RIGHT MARGIN: 80// <RET>
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27-Aug-96 P A T I E N T D I E T E T I C E N C O U N T E R S Page 1

444-82-3690 PORTER, JACK

9-Jul-96 FOOD-DRUG INSTRUCTION

Clinician: KERMAN,NIEN-CHIN

TEST

Individual, 3 collaterals

test

Entered : 9-Jul-96 10:03am By: KERMAN,NIEN-CHIN

16-Jul-96 COMMUNITY (FU)

Clinician: KERMAN,NIEN-CHIN

Group, 3 collaterals

Entered : 16-Jul-96 12:05pm By: KERMAN,NIEN-CHIN

Reviewed : 16-Jul-96 12:27pm By: KERMAN,NIEN-CHIN

16-Jul-96 COMMUNITY

Clinician: KERMAN,NIEN-CHIN

TAKE PEOPLE DOWN THE HALL.

Group, 2 collaterals

Entered : 16-Jul-96 11:40am By: KERMAN,NIEN-CHIN

Reviewed : 16-Jul-96 12:32pm By: KERMAN,NIEN-CHIN

HELPFUL HINTS AND NOTES

1. An encounter is automatically tallied for each assessment completed or nutrition status entered.
2. Encounters are usually clinical activities which are patient or clinician specific. Examples include:
 - HBHC Visit
 - Personal Care Home Visit
 - Nursing Home Inspection
 - Hospital Lectures
 - Community Lectures
 - Diet Instruction: Diabetic
 - " Sodium
 - " Weight Control
 - " Renal
 - " Etc...
3. Patient Encounter data will appear on the Nutrition Profile.
4. Clinical Managers may choose to complete time studies in order to establish 'time units' spent for each encounter.
5. One unit is assumed equal to one minute; however, each facility may assume a different measurement value for each time unit.
6. All time units can be edited. You are not forced to accept the default.
7. Under 'Enter Encounters', you must enter both a date and time. The time cannot be in the future for this option. 'N' for Now is also acceptable.

ON NPO/Hold Tray

Select Patient (Name or SSN): **GALTON,FRANCIS** <RET>
470369258 COLLATERAL

02-15-18

Current Diet: REGULAR (Tray)

Place patient on NPO/HOLD-TRAY.

Effective Date/Time: NOW// <RET> (MAR 22, 1995@12:22:44)

Expiration Date/Time: **T+1@6:10** <RET> (MAR 23, 1995@06:10:00)

Comment: **Test NPO.** <RET>

... done

Select Patient (Name or SSN):

When a patient goes on pass and this is entered in the ADT program an NPO type of 'Pass' automatically generates. The patient is actually on pass, not NPO. Upon return from pass using the ADT program, the prior diet automatically resumes.

**Menu: CM Clinical Management... [FHMGRG]
 Submenu: CD Clinical Dietetics... [FHDIET]
 Option: DO Diet Orders... [FHORDM]
 Suboption: OT Order Tubefeeding [FHORTF3]**

This tubefeeding option has been designed to accept single as well as multiple products, strength and quantities. The quantity function is a mixture of quantities, times, frequencies and rates which should accommodate most physician orders. Allowable quantities consist of two parts separated by a slash; a number and unit combination followed by a frequency of administration. Frequency has been enhanced to handle specified number of hours and feedings. Samples of allowable quantities are in the following format:

Number and Unit/Frequency

2000CC/DAY	(2000CC per day)
100CC/HR	(100CC per hour for 24 hours)
100CC/HRX16	(100CC per hour for 16 hours)
300CC/Q3HX6F	(300CC every 3 hours for 6 feedings)
100CC/Q3H	(100CC every 3 hours)
8U/DAY	(8 U per Day)

The number may be any number from 1-5000. Acceptable units are kcals (K), cubic centimeters (CC), millimeters (ML), ounces (OZ), bottles (B), cans (CANS), and units (U). "Units" can be used to mean cans, bottles, containers, bags, etc. The letter "C" by itself is translated to be CCs (not calories).

Prompt/User Entry:

```
Select Patient (Name or SSN): PORTER, <RET> JACK          12-01-47
444823690          COLLATERAL

An ACTIVE TUBEFEEDING ORDER exists!

Date Ordered: 27-Aug-96 8:41am

Product: OSMOLITE, 3/4 Str., 100 CC per Hour X 4 hrs
Product: PULMOCARE, Full Str., 100 CC Twice a Day

Total KCAL: 618                      Total Quantity: 600 cc

Do You Wish to Cancel the Existing Tubefeeding and Enter a New One? Y// N
<RET>
Edit the Existing Tubefeeding.
```



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Select Tubefeeding Product: PULMOCARE <RET>
Product: PULMOCARE// @ <RET> Product including Strength and Quantity DELETED.

Enter/Edit another Tubefeeding product ? N// Y <RET>

Product: OSMOLITE, 3/4, 100 CC per Hour X 4 hrs

Total Kcal: 318                                Total Quantity: 400

Select Tubefeeding Product: OSMO <RET>
  1  OSMOLITE
  2  OSMOLITE HN
CHOOSE 1-2: 1 <RET>
Product: OSMOLITE// OSMOL

  1  OSMOLITE
  2  OSMOLITE HN
CHOOSE 1-2: 2 <RET>

OSMOLITE Replaced With OSMOLITE HN
  Product OSMOLITE HN added
Product: OSMOLITE HN// <RET>
Strength: (1=1/4, 2=1/2, 3=3/4, 4=FULL): 3// <RET>
Enter quantity as 2000 K, 100 CC/HOUR, 8 OZ/TID, 500 CC/HR X 16, 20 GRAMS/DAY
etc.
Quantity: 100 CC/QH X 4// <RET>

Quantity: 100 CC per Hour X 4 hrs  -- Total: 400 cc

Enter/Edit another Tubefeeding product ? N// <RET>

Product: OSMOLITE HN, 3/4, 100 CC per Hour X 4 hrs

Total Kcal: 318                                Total Quantity: 400

Is this Correct ? Y// <RET>
Comment: TEST TUBEFEED <RET>
Cancel all current or future tray orders? Y// <RET>
Ok to Enter Order? Y// <RET>  ... filed

```

This routine will accommodate commercial tubefeeds and the types of orders usually written for them. Non-specific orders for a tray tubefeeding or a blenderized tubefeeding can be handled in two ways:

- Such a tubefeeding can be included in the Diets File and ordered as a diet through option Order Diet (OD) where a quantity is not required; or
- A calorie level can be required as part of the order so that it can be ordered under option Order Tubefeeding (OT).

When a patient is placed on a tube-feeding through the Order Tube-feeding (OT) option and the tray is held, it is not possible to send that patient supplemental feedings. Such feedings are automatically suspended because the patient is in an "NPO" state. In order to send a patient feedings, he must be receiving some type of a tray (i.e., have a diet order). See Supplemental Feedings (SF) program for more information.

Menu: CM Clinical Management... [FHMGRG]

Submenu: CD Clinical Dietetics... [FHDIET]

Option: DO Diet Orders... [FHORDM]

**Suboption: PA Enter/Edit Patient Reaction Data [GMRA PATIENT
A/AR EDIT]**

Dietetics now interfaces with the Allergy Tracking System Version 3.0 Package. This option will drop you directly into the Allergy Package option. Refer to Allergy Tracking System Version 3.0 User Manual, page 27, for complete prompt and user entry sequence.

The information will be displayed on the Dietetic Patient Profile (PP) and the Ward Diet Order List (WD), and on both the Diet Card and Tray Ticket.

Prompt/User Entry:

Select PATIENT NAME: **BELLOWS, <RET>** BRIAN
COLLATERAL

11-04-28

122334456

File/Package: DIETETICS

Date: JAN 18,1995

FILE (#) POINTER FIELD	POINTER TYPE	(#) FILE POINTER FIELD	FILE POINTED TO
L=Laygo *=Truncated	S=File not in set m=Multiple	N=Normal Ref. v=Variable Pointer	C=Xref.
		NAME	-> PATIENT
		ADMISSION:ISOLATION/P*	-> ISOLATI*
		ADMISSION:OE/RR ISOLA*	-> ORDER
		ADMISSION:LAST LABEL WARD	-> DIETETI*
		ADMISSION:DIETETIC WARD	-> DIETETI*
		ADMISSION:ROOM-BED	-> ROOM-BED
		NUTRITION A:RISK Catego*	-> NUTRITI*
		NUTRITION A:NUTRITION P*	-> NUTRITI*
		NUTRITION A:ENTERING CL*	-> NEW PER*
		NUTRITION STATUS:STATUS	-> NUTRITI*
		NUTRITION S:ENTRY CLERK*	-> NEW PER*
		NUTRITION S:REVIEW CLER*	-> NEW PER*
		NUTRITION S:DIETETIC WA*	-> DIETETI*
		ADMISSION:DIET:DIET1	-> DIETS
		ADMISSION:DIET:DIET2	-> DIETS
		ADMISSION:DIET:DIET3	-> DIETS
		ADMISSION:DIET:DIET4	-> DIETS
		ADMISSION:DIET:DIET5	-> DIETS
		ADMISSION:DIET:CLERK	-> NEW PER*
		ADMISSI:DIET:PRODUCT*	-> PRODUCT*
		ADMISSI:DIET:OE/RR O*	-> ORDER
		ADMISSI:DIET:CURRENT*	-> ORDER S*
		ADMISSI:DIET:REVIEW *	-> NEW PER*
		ADMISSI:DIET:CANCELL*	-> NEW PER*
		ADMISSI:DIET:PATTERN*	-> NEW PER*
		NUTRITI:LAB DAT:LAB TES*	-> LABORAT*
		ADMISSI:CONSULT:CONSULT*	-> DIETETI*
		ADMISSI:CONSULT:CLINICI*	-> NEW PER*
		ADMISSI:CONSULT:CLERK*	-> NEW PER*
		ADMISSI:CONSULT:CLERK C*	-> NEW PER*
		ADMISSI:CONSULT:OE/RR O*	-> ORDER
		ADMISSI:TUBEFEE:ENTERIN*	-> NEW PER*
		ADMISSI:TUBEFEE:CANCELL*	-> NEW PER*
		ADMISSI:TUBEFEE:OE/RR O*	-> ORDER
		ADMISSI:TUBEFEE:REVIEW *	-> NEW PER*
		ADMISSI:EARLY/L:CLERK*	-> NEW PER*
		ADMISSI:EARLY/L:OE/RR O*	-> ORDER
		ADMISSI:ADDITIO:CLERK*	-> NEW PER*
		ADMISSI:ADDITIO:CLERK C*	-> NEW PER*
		ADMISSI:ADDITIO:OE/RR O*	-> ORDER
		ADMISSI:SUPPLEM:ENTERIN*	-> NEW PER*
		ADMISSI:SUPPLEM:SF MENU*	-> SUPPLEM*
		ADMISSI:SUPPLEM:10AM FE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:10AM FE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:10AM FE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:10AM FE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:2PM FEE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:2PM FEE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:2PM FEE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:2PM FEE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:8PM FEE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:8PM FEE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:8PM FEE*	-> SUPPLEM*
		ADMISSI:SUPPLEM:8PM FEE*	-> SUPPLEM*

File Diagram

File/Package: DIETETICS		Date: SEP 12,1996	
FILE (#)	POINTER	(#) FILE	FILE POINTED TO
POINTER FIELD	TYPE	POINTER FIELD	

L=Laygo	S=File not in set	N=Normal Ref.	C=Xref.
*=Truncated	m=Multiple	v=Variable Pointer	
		ADMISSI:SUPPLEM:REVIEW *	-> NEW PERSON
		ADMISSI:SUPPLEM:CANCELL*	-> NEW PERSON
		ADMISSI:STANDIN:ORDER*	-> STANDING ORDERS
		ADMISSI:STANDIN:ENTERIN*	-> NEW PERSON
		ADMISSI:STANDIN:CANCELL*	-> NEW PERSON
		m FOOD PREFER:FOOD PREFER*	-> FOOD PREFERENCES
		m ADMIS:TUBE:TF PR:TF PR*	-> TUBEFEEDING

DIET PATTERNS (#111.119)		115.2 FOOD PREFERENCES	
DIET RESTRICTION	(N C)->	RECIPE	-> RECIPE
DIETETICS PATIENT (#115.09)		m EXCLUDED RE:EXCLUDED RE*	-> RECIPE
FOOD PREFERENCES	(N)->	-----	
DIETETICS PATIENT (#115.011)		115.3 NUTRITION CLASSIFIC*	
NUTRITION ASSESSMENT:NUTRITION PROBLEM	(N)->	-----	
DIETETICS PATIENT (#115.011)		115.4 NUTRITION STATUS	
NUTRITION ASSESSMENT:RISK CATEGORY	(N)->	-----	
NUTRITION STATUS:STATUS	(N)->	-----	
DIETETIC ENCOUNTERS (#115.7)		115.6 ENCOUNTER TYPES	
ENCOUNTER TYPE	(N)->	-----	
TEST IDENT (#578001)		115.7 DIETETIC ENCOUNTERS	
NAME	(N S C)->	CLINICIAN	-> NEW PERSON
		ENCOUNTER TYPE	-> ENCOUNTER TYPES
		EVENT LOCATION	-> HOSPITAL LOCATION
		ENTERING CLERK	-> NEW PERSON
		REVIEW CLERK	-> NEW PERSON
		m PATIENT:PATIENT	-> PATIENT
		PATIENT:LOCATION	-> HOSPITAL LOCATION

		116 MENU CYCLE	
		DAY:BREAKFAST MEAL	-> MEAL
		DAY:NOON MEAL	-> MEAL
		DAY:EVENING MEAL	-> MEAL

USER MENU (#112.62)		116.1 MEAL	
DAY NUMBER:MEAL NUMBER:MEAL	(N)->	m RECIPE:RECIPE	-> RECIPE
MENU CYCLE (#116.01)		RECIPE:CATEGORY	-> RECIPE CATEGORY
DAY:BREAKFAST MEAL	(N)->	m RECIPE:POPULAR:SERVICE*	-> SERVICE POINT
DAY:NOON MEAL	(N)->	m RECIPE:RECIPE :RECIPE *	-> RECIPE CATEGORY
DAY:EVENING MEAL	(N)->	-----	
HOLIDAY MEALS (#116.3)		-----	
BREAKFAST MEAL	(N)->	-----	
NOON MEAL	(N)->	-----	
EVENING MEAL	(N)->	-----	